



City of Port Lincoln

Template No 7-69-T32

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File: 7.69.3.4

RATES PAYMENT ARRANGEMENT/HARDSHIP APPLICATION

The City of Port Lincoln is committed to assisting ratepayers who are experiencing temporary or ongoing financial hardship by offering flexible payment arrangements to clear their outstanding rates debt.

APPLICANT DETAILS	
NAME:	
POSTAL ADDRESS:	
EMAIL:	
PHONE NUMBER:	
PROPERTY DETAILS	
ASSESSMENT NUMBER:	
PROPERTY ADDRESS:	
PROPERTY OWNER:	
PHONE NUMBER:	
AMOUNT OUTSTANDING:	
PAYMENT ARRANGEMENT	
<p>Where a ratepayer has been identified as experiencing financial hardship, Council will work with the ratepayer to determine a realistic payment amount and timeframe that best suits their individual circumstances. Please contact the Rates Department prior to completing this form.</p> <p>In assessing a ratepayer's eligibility for hardship assistance, Council will consider indicators including (but not limited to) whether the ratepayer:</p> <ul style="list-style-type: none"> ■ holds a Centrelink low income health care card or pensioner concession card; ■ receives a Centrelink payment; ■ is eligible for a South Australian Government concession; ■ has a payment history that indicates they have had difficulty meeting their rate notice obligations in the past; ■ through self-assessment, has identified their position regarding their inability to pay; ■ has identified other personal circumstances they may choose to disclose in support of their application. <p>Ratepayer to provide supporting documentation.</p> <p><i>Please note that any applications for payment arrangements that will not clear the outstanding debt in a reasonable timeframe may not be approved.</i></p>	

PLEASE INDICATE THE PAYMENT AMOUNT, FREQUENCY AND METHOD

AMOUNT:	\$ _____
FREQUENCY:	<input type="checkbox"/> WEEK <input type="checkbox"/> FORTNIGHT <input type="checkbox"/> MONTH
METHOD:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> EFTPOS <input type="checkbox"/> BPAY <input type="checkbox"/> ONLINE
DATE COMMENCING:	_____

TERMS AND CONDITIONS (PLEASE READ CAREFULLY)

- Full payment of the outstanding amount to be made within twelve (12) months of the date of the agreement.
- Fines and interest will continue to be applied to the outstanding amount on a monthly basis.
- If two (2) scheduled payments are not made, then the outstanding amount may be referred to Council’s Debt Collection Agency.
- The amount outstanding at the time of application does not include any new rates and charges on the property.
- When making payments by cheque or credit card, please ensure sufficient funds or credit is available to honour the payment. Any dishonouring payments will result in a default of payment.
- I understand I am to contact Council if my circumstances change.

Please note: Completion of this form does not automatically grant approval. You will receive written confirmation of your application along with a copy of this form. All payment arrangements with the City of Port Lincoln will be monitored regularly.

AGREEMENT WITH TERMS AND CONDITIONS

I, _____, hereby apply to make regular payments as stated for payment of outstanding rates, fines and interest applied to the above mentioned property and hereby agree to the terms and conditions of the application.

SIGNED: _____ **DATE:** _____

APPLICATION ASSESSMENT (OFFICE USE ONLY)

APPLICATION APPROVED:	<input type="checkbox"/> YES / <input type="checkbox"/> NO
DATE OF AGREEMENT:	_____
ADDITIONAL COMMENTS:	_____

This agreement is provided in accordance with the power contained in the Local Government Act, with the agreement being subject to the stated terms and conditions which must be adhered to. Failure to comply with the terms and conditions may result in Council taking legal action as required.

SIGNED: _____ **DATE:** _____
BONNIE COLE
MANAGER FINANCE AND BUSINESS